Iowa Department of Human Services CHILD CARE CENTER COMPLAINT

Name of Center: Kid's Zone, Inc		En	rollment: 50	License ID: 4178000013
Street: 3521 11th Ave.	City: Council Bluffs	IA Zi p	Code: 51501	County: Pottawattamie
Mailing Address: 3521 11th Ave.				
Mailing City: Council Bluffs	IA Zip Code:	51501		
Director's Name: Roxie Rivkind		Cer	nter Phone Nun	nber: 712-328-2448
On-Site Supervisors: Echo Good		E-N	Mail Address: 1	xidszoneinc.@yahoo.com
Date of Complaint: 8/26/2013		Da	te of Visit:	8/28/2013
[X] Scheduled [] Unannounced	[] NA			
[] Non-Compliance with Regulations Four	nd [X] Compliance w	ith Regulat	ions Found	[] NA
RECOMMENDATION FOR LICENSE				
[X] NO CHANGES to licensing status re	ecommended			
[] PROVISIONAL license from	to			
[] SUSPENSION of License				
[] REVOCATION of License				
Summary of Complaint: A report was received regarding a child having an injury. It was not known if the injury occurred at the child care center.				
Licensing Rules Relevant to the Complaint:				
109.12(2) Discipline does not allow corporal punishment; punishment that causes humiliation, fear, pain or discomfort; locking children in an area or using mechanical restraints; associating with illness, toilet training, food or rest; or the use of verbal abuse, threats, or derogatory remarks about a child's family. 109.11(3)a(1) Center and premises are sanitary, safe, and hazard free.				
Inspection Findings:				
I met with Steve James and Officer Danielson at Kids Zone, Inc. We interviewed several staff to discuss the child's injury. It was determined that the child's injury didn't occur at the child care center.				
Special Notes and Action Required:				
Consultant's Signature:			Date:	
			09/09/201	3
Xalkarachar	md			

470-4067 (Rev. 02/06) Page 1 of 1